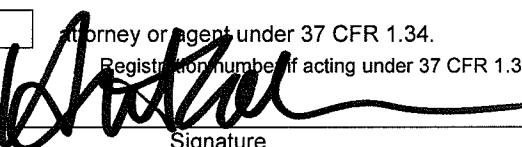


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 41228-509N01US																		
Application Number	10/584,025	Filed August 26, 2008																		
For Heterocyclic Derivatives as GPCR Receptor Agonists																				
Art Unit 1626	Examiner	S. L. Shterengarts																		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																				
<table> <thead> <tr> <th></th> <th><u>Fee</u></th> <th><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$150</td> <td>\$75</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$560</td> <td>\$280</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1270</td> <td>\$635</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1980</td> <td>\$990</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2690</td> <td>\$1345</td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$150	\$75	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$560	\$280	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1270	\$635	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1980	\$990	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2690	\$1345
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2690	\$1345																		
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0311</u>.</p>																				
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																				
<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45,409</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34</p>																				
 <u>Signature</u> _____ <u>December 7, 2011</u> _____ <u>Date</u>																				
<u>Heidi A. Erlacher, J.D., Ph.D.</u> _____ <u>Typed or printed name</u> _____ <u>(617) 348-4909</u> _____ <u>Telephone Number</u>																				
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>																				